

# A Dental Plan With You In Mind



## An Exciting New Dental Plan Exclusively For Members Of The Louisiana State Firemen's Association

The LSFA Board of Directors has endorsed a new group dental insurance plan underwritten by Ameritas Life Insurance Corp. This plan has been heavily negotiated for our members.

You will have **first day coverage for all covered services! – NO WAITING PERIODS!** Postmark your application by September 15, 2008, and your coverage will become effective October 1, 2008. Applications postmarked after September 15, 2008, will have an effective date of November 1, 2008.

### How do I locate an Ameritas Network Provider?

To locate a dentist near you in the network, contact Ameritas at 1-888-239-3336, or online at [www.ameritasgroup.com/resources/find.asp](http://www.ameritasgroup.com/resources/find.asp).

### How do I get more information about the dental benefits offered?

Call Ameritas at 1-888-239-3336 for more information.

**Endorsed by:**  
Louisiana State Firemen's Association

**Underwritten by:**  
  
AMERITAS  
LIFE INSURANCE CORP.  
Ameritas Life Insurance Corp.

**Administered by:**  
  
ASSOCIATION MEMBER  
BENEFITS ADVISORS

Association Member Benefits Advisors  
6034 W. Courtyard Drive, Suite 300  
Austin, TX 78730

*\*Reimbursement percentages are based on the usual and customary charges for services in your geographical area. All services are subject to limitations and exclusions. Network providers may not be available in all states or geographical areas. The master insurance policy providing coverage is governed by the laws of Louisiana.*

### Advantages of Coverage

- Freedom to use your own dentist; NO network required!
- You may choose an Ameritas Network provider and save up to 20-30%
- Routine cleanings and exams covered twice per calendar year with *no deductible*
- \$50 Calendar Year deductible per person (*only applies to basic and major services*)
- \$1,250 Calendar Year Maximum per person
- NO referral required for specialty care
- Dental Rewards - may enable your \$1,250 Calendar Year Maximum to grow to \$2,250
- ***Rates guaranteed until August 2010!***

### Dental Plan Highlights

- Preventive Services: 100%\*
  - Oral Exams
  - Prophylaxis (teeth cleanings)
  - X-Rays
- Basic Services: 80%\*
  - Fillings
  - General Anesthesia
  - Oral Surgery (simple & complex extractions)
  - Denture Repairs
- Major Services: 50%\*
  - Endodontics (root canals)
  - Periodontics (gum disease)
  - Perio-cleanings
  - Dentures
  - Crowns and crown repairs
- Orthodontic Services: 50% coverage\*
  - \$1,000 Lifetime maximum per child

### Monthly Plan Rates

<b>Member</b>	<b>\$27.04</b>
<b>Member + 1</b>	<b>\$54.72</b>
<b>Member + Family</b>	<b>\$92.52</b>



# LSFA Group Dental Insurance Plan Frequently Asked Questions

## How can I find out exactly what services are covered?

For more information regarding plan benefits, you may call Ameritas at 1-888-239-3336.

## Can I use my current dentist?

Yes, one of the best features of this plan is that you have the freedom to use your current dentist. However, you may also select one of Ameritas' Network Dentists who provide services that are discounted up to 20-30%.

## How does the Dental Rewards feature work?

This feature rewards members who care for their teeth by filing at least one claim during the plan year, but use less than \$500 of their annual benefit. Dental rewards then rolls over \$250 into the next benefit period with a maximum carry over amount of \$1,000. Therefore, your \$1,250 calendar year maximum has the potential to grow to \$2,250! This feature solves the "use it or lose it" benefit problem many dental insurance plans have. By allowing you to roll over part of your unused benefit, you can accumulate higher plan maximums that could be beneficial if major procedures are needed in the future.

## Can my spouse and children be covered under the LSFA group dental plan?

Yes, your spouse and dependent children up to age 26 are eligible for coverage under your dental policy.

## Can I use this plan outside of the state of Louisiana?

You can use this plan all over the United States, Mexico, and abroad as long as the dentist submits your claim to Ameritas in U.S. dollars.

## Can I pay my premium(s) by check every month?

In order to provide LSFA members with the best rates and service, we offer a convenient monthly bank draft or the option to pay your premiums annually.

## Are there any requirements to participate in the plans?

The only requirement to participate in these plans is membership with LSFA.

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## Follow These Easy Steps to Enroll in the LSFA Dental/Vision Plan:

- 1. Complete the Enrollment Form:**  
Complete the form in its entirety. Be sure to sign it, and if adding dependents, include each person's Social Security number and date of birth.
- 2. Submit your payment:**
  - Monthly Bank Draft:** If you elect to pay your premium(s) by monthly bank draft, enclose a check payable to AMBA for your first month's premium(s) plus the \$20 one-time enrollment fee. You must also sign the bank draft authorization on the bottom of the application, and include a blank check marked "Void" on the account to be drafted.
  - Annual Billing:** If you elect to pay your premium(s) annually, enclose a check payable to AMBA for your monthly premium(s) x 12 plus the \$20 one-time enrollment fee.
- 3. Mail your completed application to:**  
Association Member Benefits Advisors, Ltd.  
6034 W. Courtyard Dr., Suite 300  
Austin, TX 78730



# LSFA Group Dental & Vision Plan

Complete this form to enroll in the LSFA Group Dental and/or Vision Plan.  
Membership with LSFA is required to enroll in these plans.



### Louisiana State Firemen's Association Member Information

Member Name (Last, First)	Social Security Number (required)
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Mailing Address			
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City	State	Zip	Home Phone
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Date of Birth	Gender	Email Address
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Have you had continuous dental coverage for the past 12 months with less than a 60 day gap in coverage?

Yes  No If Yes, Carrier Name: \_\_\_\_\_

Effective Date: \_\_\_/\_\_\_/\_\_\_ Termination Date: \_\_\_/\_\_\_/\_\_\_

Monthly Dental Coverage Only:	<input type="checkbox"/> Member (\$27.04)	<input type="checkbox"/> Member + 1 (\$54.72)	<input type="checkbox"/> Family (\$92.52)	\$ _____
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Monthly Vision Coverage Only:	<input type="checkbox"/> Member (\$10.90)	<input type="checkbox"/> Member + 1 (\$18.85)	<input type="checkbox"/> Family (\$23.60)	\$ _____
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Monthly Dental + Vision Coverage:	<input type="checkbox"/> Member (\$37.94)	<input type="checkbox"/> Member + 1 (\$73.57)	<input type="checkbox"/> Family (\$116.12)	\$ _____
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**Total:** Dental Premium + Vision Premium + \$20 One-Time Enrollment Fee \$ \_\_\_\_\_

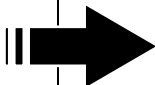
### Eligible Dependents to be Covered

Name	DOB	Gender	Student	Disabled	Social Security Number
Spouse:					
Child:					
Child:					

### Payment Method (choose one)

**Convenient Monthly Bank Payment Option:** Make your check payable to AMBA for your first month's premium plus the \$20 enrollment fee and attach a VOIDED check. Deposit slips are not acceptable.

**Authorization to honor drafts drawn by Association Member Benefits Advisors (AMBA).** I hereby authorize you to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing and until AMBA receives such notice. I agree that AMBA shall be fully protected in honoring such debit. Non-payment of insurance premium(s) results in the forfeiture of insurance. NOTE: Bank drafts occur on the 2<sup>nd</sup> business day of each month.



\_\_\_\_\_  
Your signature EXACTLY as it appears on your Bank Records

\_\_\_\_\_  
Date

**Annual Billing**  
Make your check payable to AMBA for your monthly premium(s) x 12 plus the \$20 one-time enrollment fee.

Office use only: Effective Date: \_\_\_\_\_ ACH Date: \_\_\_\_\_ Entered: \_\_\_\_\_

ID \_\_\_\_\_ MA \_\_\_\_\_ R \_\_\_\_\_